

UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION

PATENT NO. : 5,970,976  
DATED : October 26, 1999  
INVENTOR(S) : Hongwei Zhao

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Title Page, under "References Cited" insert --Other Publications  
Human Central Propulsion, JAMA, Vol. 246, No. 18, Nov. 16, 1981,  
Shields, et al.--.

Signed and Sealed this  
Nineteenth Day of September, 2000

Attest:



Q. TODD DICKINSON

Attesting Officer

Director of Patents and Trademarks



Please type a plus sign (+) inside this box →



PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033  
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## REISSUE PATENT APPLICATION TRANSMITTAL

|  |  |                   |
|--|--|-------------------|
| Address to:<br><b>Assistant Commissioner for Patents<br/>Box Patent Application<br/>Washington, DC 20231</b> | Attorney Docket No.                            | 5203-001REF       |
|  | First Named Inventor                           | Hongwei Zhao      |
|  | Original Patent Number                         | 5,970,976         |
|  | Original Patent Issue Date<br>(Month/Day/Year) | October 26, 1999  |
|  | Express Mail Label No.                         | EL 581 387 612 US |

### APPLICATION FOR REISSUE OF: (check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

#### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
  
(If Yes, check applicable box(es))  
  
☐ Written Consent of all Assignees (PTO/SB/53)  
  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(PTO/SB/96)

#### ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender  
☐ Ribbonded Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☒ Other: Patentee hereby offers to surrender the original patent upon request.

### 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



27572

or ☐ Correspondence address below

|         |                                  |           |              |          |              |
|---------|----------------------------------|-----------|--------------|----------|--------------|
| Name    | Harness, Dickey & Pierce, P.L.C. |           |              |          |              |
| Address | P.O. Box 828                     |           |              |          |              |
| City    | Bloomfield Hills                 | State     | MI           | Zip Code | 48303        |
| Country | United States of America         | Telephone | 248-641-1600 | Fax      | 248-641-0270 |

|                   |                       |                                   |                  |
|-------------------|-----------------------|-----------------------------------|------------------|
| NAME (Print/Type) | Gordon K. Harris, Jr. | Registration No. (Attorney/Agent) | 28615            |
| Signature         |                       | Date                              | October 17, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
5203-001REF

## Claims as Filed - Part 1

| Claims in Patent           | For  | Number Filed in Reissue Application | (3) Number Extra | Small Entity |       | Other than a Small Entity |           |
|----------------------------|--|-------------------------------------|------------------|--------------|-------|---------------------------|-----------|
|                            |  |                                     |                  | Rate         | Fee   | Rate                      | Fee       |
| (A) 12                     | Total Claims (37 CFR 1.16(j))<br>Independent Claims (37 CFR 1.16(i)) | (B) 24                              | **** 4           | X\$9=        | 36    | or                        | X\$ _____ |
| (C) 4                      |  | (D) 8                               | * 4              |              |       |                           | =         |
| Basic Fee (37 CFR 1.16(h)) |  |                                     |                  |              | \$370 |                           | \$ _____  |
| Total Filing Fee           |  |                                     |                  |              | \$574 | OR                        | \$ _____  |

## Claims as Amended - Part 2

|                                     | (1) Claims Remaining After Amendment |       | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity |     | Other than a Small Entity |     |
|-------------------------------------|--------------------------------------|-------|--|--------------------------|--------------|-----|---------------------------|-----|
|                                     |                                      |       |  |                          | Rate         | Fee | Rate                      | Fee |
| Total Claims (37 CFR 1.16(j))       | ...                                  | MINUS | ..                                     | *                        | X\$ _____    | or  | X\$ _____                 |     |
| Independent Claims (37 CFR 1.16(i)) | ...                                  | MINUS | *****                                  | =                        | X\$ _____    |     | X\$ _____                 |     |
| Total Additional Fee                |                                      |       |  |                          | \$           | OR  | \$                        |     |

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  
\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  
\*\*\* After any cancelation of claims  
\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  
\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.

☐ Please charge Deposit Account No. 08-0750 in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0750.  
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☒ A check in the amount of \$ 574 to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

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October 17, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Gordon K. Harris, Jr.

Typed or printed name